



North Carolina Department of Transportation Bicycle Helmet Initiative - 2015 Call



Submittal Deadline is October 31, 2014

North Carolina Crash Facts:

Each year in North Carolina, an average of 20 bicyclists are killed while bicycling, one in six bicyclists killed in NC are under the age of 16¹. Children ages 5 to 14 are seen in emergency rooms for bicycle related injuries more than any other sport. Typically, only 45 percent of children usually wear helmets². Helmets can reduce the risk of severe brain injuries by 88 percent³.

Funding for the Bicycle Helmet Initiative is made possible through the "[Share the Road](#)" specialty license plate. Persons dedicated to bicycle safety in North Carolina have continued to support this initiative that provides funding that makes the Bicycle Helmet Initiative possible for the children in North Carolina that will benefit most from this initiative.

(¹NCDOT, Crash Data Tool -Bicycle Injury Query- 2012, ²Safe Kids Worldwide-www.safekids.org, ³Helmet Safety Institute –www.helmet.org)

Applicant Information

FOR NCDOT USE ONLY

Application eligible ☐ Yes ☐ No

Organization applying for the Bicycle Helmet Initiative award:

Contact Person:

Title:

Best Day-Time Phone Number:

Fax Number:

E-mail Address:

Mailing Address:

City:

State:

Zip Code:

I certify that I _____, in applying to the Bicycle Helmet Initiative, attests that the information given in this application is true to the best of my knowledge; and I as a participant of a bicycle safety and awareness program in my community do promised to make every effort to distribute any awarded helmets to children (low Income) who would most benefit from this initiative.

Signature

Title

Name (printed)

Date

Application Questionnaire
(All questions are to be filled in completely)

1) The Bicycle Helmet Initiative award is specifically provided to make helmets available to low income children.

a. How many children do you intend to serve? _____

2) Partnering with community groups can strengthen the outreach and benefits of your program.

List those groups you may reached out to partner with:

(Support letters can accompany application packet)

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

(Partnership is not mandatory for qualification)

3) List any bicycle safety programs or events you are aware of in your local area *(include school, police and community programs – Use space to state if no programs exist in your area)*.

a. _____

b. _____

c. _____

d. _____

4) a. Are you aware of, or have you reviewed the North Carolina “Let’s Go NC!” Bicycle and Pedestrian Safety Curriculum (<https://connect.ncdot.gov/projects/BikePed/Pages/LetsGoNC.aspx>)?

b. Will it be a helpful resource for your program?

a. Yes ☐ No ☐ b. _____

5) Tell about the helmet or bicycle safety initiatives you were involved with in the last year?

Narrative Description

(Please limit descriptions to space provided)

6) In 500 words or less describe your bicycle safety program and how helmets will be distributed to low income children?

All groups/organizations that receive helmet awards through the Bicycle Helmet Initiative will be required to forward a brief summary report of their program. This report can be a page or less, but no more than three pages. For all pictures that accompany reports a signed parental consent must be kept on record by the host organization for a period of three years. NCDOT, Division of Bicycle and Pedestrian Transportation reserves the right to use information and images furnished through this initiative at its own discretion.

☐ I understand that a summary report will be submitted following the bicycle safety event.

☐ I understand that I/my organization must obtain parental consent for all images.

Note: Submission of application to the Bicycle Helmet Initiative is not a guarantee of award.

Submittal Information

Applications will be accepted no later than 5:00pm on October 31, 2014.

E-mail Address:

Jo Ann Greene
Subject Line: 2015 Bicycle Helmet Initiative Application
Email: joanngreene@ncdot.gov
Attachment preference format: PDF

Mailing Address:

For UPS, Fed Ex, etc. or hand delivery:

Jo Ann Greene
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